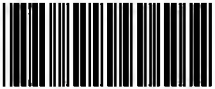


# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

<b>Title of Invention</b>	Email Address Identifier Software, Method, and System								
First Named Applicant :	Mr. Kenneth A Glidden								
Attorney Docket Number :	04-0041								
<p>We hereby appoint the registered practitioner(s) at Customer Number:</p> <p>30550</p>  <p>as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>We are the Applicants/Inventors.</p> <p>Full Names of Applicants of Record:</p> <table border="1"><tr><td colspan="2">Mr. Andrew Paulsen</td></tr><tr><td>Signature: William Keyworth</td><td>Date: 2004-07-03</td></tr><tr><td colspan="2">Mr. Kenneth A. Glidden</td></tr><tr><td>Signature: William Keyworth</td><td>Date: 2004-07-03</td></tr></table>		Mr. Andrew Paulsen		Signature: William Keyworth	Date: 2004-07-03	Mr. Kenneth A. Glidden		Signature: William Keyworth	Date: 2004-07-03
Mr. Andrew Paulsen									
Signature: William Keyworth	Date: 2004-07-03								
Mr. Kenneth A. Glidden									
Signature: William Keyworth	Date: 2004-07-03								

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INDICATION FORM**

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

Kenneth A. Glidden

Email Address Identifier Software, Method, and System

04-0041

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<input type="checkbox"/> Firm or Individual Name	Bill & Mary Lou Inc.				
Address	101 Lombard Street #510W				
Address					
City	San Francisco	State	CA	Zip	94111
Country					
Telephone	415-397-8056	Fax	415-397-6056		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Kenneth A. Glidden		
Signature	<i>K.A. Glidden</i>		
Date	6-26-2004	Telephone	617-325-6888

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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Firm or  
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Bill &amp; Mary Lou Inc.

Address

101 Lombard Street #510W

Address

City

San Francisco

State

CA

Zip

94111

Country

Telephone

415-397-8056

Fax

415-397-6056

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Andrew Paulsen

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.



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